

P2000000 11791

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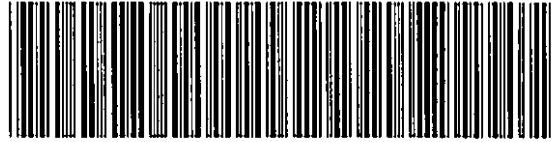
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TITLE CORRECTION ON ONE OF THE INITIAL OFFICERS
Name of Corporation

DOCUMENT NUMBER: J & MAY INSURANCE SOLUTIONS INC

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE LINARES

Name of Contact Person

J & MAY INSURANCE SOLUTIONS INC

Firm/Company

2649 WHALEBONE BAY DR

Address

KISSIMMEE, FL 34741

City/State and Zip Code

JMAY.INSURANCE.SOLUTIONS INC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LINARES

at (407) 242-9424

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

J & MAY INSURANCE SOLUTIONS INC

Name of Corporation as currently filed with the Florida Dept. of State

P20000011791

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION (ARTICLE VII)
(Document Type Being Corrected)

filed with the Department of State on 02/02/2020
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

TITLE: MGR

MARBELLYS LINARES MOY

Correct the inaccuracy, incorrect statement, or defect:

TITLE: VP

MARBELLYS LINARES MOY

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator, if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JOSE LINARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
2020 APR 18 PM 2:10
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA